The Pulse
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Kiley replaces Timboe as TRICARE NE Lead Agent

Maj. Gen.Kevin C. Kiley assumed command of Walter Reed Army Medical Center and the North Atlantic Regional Medical Command, and has become TRICARE Northeast Region's Lead Agent during a ceremony this past June 28 at Walter Reed in the District of Columbia. Kiley replaces Maj. Gen. Harold L. Timboe, who retired after more than 34 years in the Army, the last three as WRAMC and NARMC commander and TRICARE Northeast Lead Agent. Timboe went back to San Antonio to become the associate vice president of administration for his medical alma mater, the University of Texas Health Science Center.

Kiley received his bachelor's degree from the University of Scranton in biology in 1972 and then moved on to Georgetown University School of Medicine and earned his medical degree in 1976. He did his surgical internship and an obstetrics and gynecology residency at William Beaumont Army Medical Center, El Paso, Texas, graduating in 1980.

His first tour was with the 121st Evacuation Hospital in Seoul, South Korea, where he was chief of OB/GYN services for two years. He then returned to the residency training program at William Beaumont and served as the chief of the family planning and counseling service. He then served as assistant, chief of the Department of OB/GYN until February 1985.

He was then assigned as the division surgeon of the 10th Mountain Division, Fort Drum, N.Y. In July 1985, he became commander of the 10th Medical Battalion, 10th Mountain Division. Kiley returned to William Beaumont in May 1988 to serve as the assistant chief, then chairman of the Department of OB/GYN.

In November 1990, Kiley assumed command of the 15th Evacuation Hospital at Fort Polk, La., and in January 1991, he deployed the hospital to Saudi Arabia in support of Operations Desert Shield and Desert Storm. He was assigned as the deputy commander for clinical services at Womack Army Medical Center, Fort Bragg, N.C., from November 1991 to November 1993.

He graduated from the U.S. Army War College, Carlisle Barracks, Pa., in 1994, and then assumed command of the Landstuhl (Germany) Regional Medical Center June 30, 1994. He served concurrently as the command surgeon for U.S. Army Europe and 7th Army from September 1995 to May 1998.

In April 1998 he became assistant surgeon general for force projection; deputy chief of staff for operations, health policy and services at the U.S. Army Medical Command; and chief of the Medical Corps. On June 5, 2000, he assumed command of the U.S. Army Medical Department Center and School at Fort Sam Houston, Texas.

Kiley is a board-certified OB/GYN and a fellow of the American College of Obstetricians and Gynecologists.

—from *The Stripe*

Army hospitals convert to new Pap smear technology

By Rick Sonntag
Public Affairs, U.S. Army Medical Command

Female beneficiaries of Army health care will soon benefit from the newest, most effective technologies in the battle against cervical cancer. The U.S. Army was the first military service to implement a worldwide conversion to liquid-based cytology (LBC) for cervical cancer screening and is now adding us HPV (human papillomavirus DNA) testing, to help clarify inconclusive results.

The two tests, known by their commercial names of ThinPrep and Hybrid Capture 2, can be done in one simple procedure. They are being implemented in 19 of the Army Medical Command's medical treatment facilities, where Pap smears are currently processed. These include eight major medical centers and 11 Army community hospitals in the United States, Europe, and Korea. Army officials emphasized that patients using smaller facilities, which send their tests to one of the 19 prosessing centers, also have acces to this new technology.

Provider and pathologist training for the new Pap smear has already been completed at most of the facilities. The training for the HPV test will be initiated within the next few weeks. The Army's medical failities should have a 100 percent conversion to the new technology by the end of May 2002.

"All of our cervical cancer screening in the Army has been converted to the liquid based cytology test," said Lt. Gen. James B. Peake, Army Surgeon General. "We are committed to providing the best health care available to all of our beneficiaries and this is a giant step forward in providing the best care in the world for our female patients."

"The ThinPrep Pap Test and HPV testing are being widely adopted in civilian medical institutions and, after a careful review of existing technologies, we believe that these tests offer significant benefits for military personnel and their family members," said Peake.

In the clinic, Pap smear samples normally are smeared on a glass slide and studied under a microscope to discover abnormal cervical cells. The cytologist must look for cells in a haze of other material, and sometimes the smear is too thick to be accurately interpreted. In the ThinPrep process, the sample is suspended in a solution, then a filter rotates through the cell suspension, separating cells from blood, mucus and inflammation. The cells are then collected on the filter and deposited on the microscope slide, producing a much clearer view.

Published studies have shown that liquid-based cytology greatly increases the number of Pap smear samples that are usable on the initial tests, and reduces screening errors by as much as 50 percent. LBC is currently used in about 35 percent of the 50 million Pap smears performed in the United States annually. The Army will be at 100 percent LBC testing.

"This new technology will be a great convenience for the patient and enhance productivity in our OB/GYN clinics," said Peake, "because we won't have to call patients in for additional smears. That first sample can now be follow-up tested for HPV DNA. A positive test will indicate that we have to manage that patient closely while patients with negative tests return to a normal screening schedule."

In the past, some 2 million Pap smears a year have produced unclear results resulting in additional testing or invasive procedures. The new procedures can mean fewer repeat patient appointments and lower overall costs.

What's on your mind?

Writing a letter to the editor is a good way to express your views about matters relating to TRICARE in the Northeast region and the military health care system in general. If you want to submit a letter to the editor, for publication or just to vent, please include your name, address and daytime phone number so that authorship can be confirmed.

If you are responding to a particular article place the headline of the article in the subject heading. If you do not wish your letter or your name to be published, please say so in the message body. Personal information, other than the author's name, will not be used for any reason but author verification.

We will edit letters for brevity, grammar and clarity and do our best to preserve the author's style and intent. Letters that are succinct and sent by e-mail are more likely to be published in full. Photographs may be included for possible publication. If you want the photo to be returned please include a self-addressed stamped envelope. Anonymous letters will not be published.

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THE PULSE of TRICARE Northeast is an official quarterly publication of the DoD TRICARE Northeast Lead Agent Office. Its purpose is to inform the uniformed services medical beneficiaries, the health care community of providers, and the uniformed services about policies and newsworthy items of interest as the concept of managed health care is applied in the Department of Defense TRICARE regional program.

Outgoing Lead Agent reflects on TRICARE in Northeast Region

By Harold L. Timboe, Maj. Gen. (Ret.)

Working through a talented group of commanders, Lead Agent staff and our contractor's management team, it has been my honor to direct the oversight of the development and maturation of your TRICARE health plan for the past three years. After coming through an initial start-up phase, there is no doubt that we are providing a higher level of customer service, quality care and access consistent with other TRICARE regions and in some cases better. While we still have a ways to go to meet your high level of expectations in our administrative services and how well we coordinate your care, there is a certain satisfaction in knowing that our combined efforts have indeed improved the health of the military communities across the Northeast.

Photo by Sgt. Jason Cooper, WRAMC

(From left to right) Maj. Gen. Kiley, Maj. Gen. Timboe and Lt. Gen. Peake "trooping the line."

Recently, our management teams met to plan this coming year's focused initiatives to further improve our service to you. We will expand our information technology infrastructure, continue refinements to our appointing and specialty referral processes, enhance enrollment and other administrative services to ensure they are timely, accurate and friendly, and further improve our claims payment performance. These have been some of the more troublesome interfaces you have had with us over the years. While these interactions with your health plan are important, we have another focus important to your health and quality of life—that is to ensure you get all the health education and preventive health services you should, and that you get all the care you need when you need it. Our leadership teams are committed to these goals.

This summer, I retire from military service after 34 years of incredibly interesting opportunities to serve with men and women of integrity with whom I share my values. As I leave I am most pleased that we have reformed the military health benefit to one that ensures you get all the care you need, when you need it, that the care is of high quality and our TRICARE health plan protects you from undue financial burden—and we are able to do this even when our medical troops are accomplishing their readiness missions in superb fashion around the world.

My wife and I look forward to returning to San Antonio—the home of military medicine. We'll take many memories with us; mostly of a number of incredible people who care and serve each other in interesting places around the world. There have been many good times; some sad—even tragic, but we are proud of the trust military medicine has built in recent years and the resulting respect earned by the brave medics who deliver good care in difficult places.

My wife and I intend to stay involved with military medicine and the many friends whose lives we have been a part of. In this next phase of my life I look forward to using my military experiences to continue to improve the health of our community through better organized health care, education and research. This next decade will prove to be an exciting and challenging time for medicine.

As God leads me, I'll be part of that and look forward to telling my grandchildren some fascinating memories of places and people like you.

Photo by Winston Wilson, WRAMC

Maj. Gen. Timboe watches the troops pass in review.

Photo by Winston Wilson, WRAMC

Maj. Gen. Timboe (right) relinquishes the command of Walter Reed Army Medical Center, the North Atlantic Regional Medical Command and TRICARE Northeast Region 1 to Maj. Gen. Kiley.

Partner's Page

Summer Transfers: what you need to know

By Maria Chakmakas
SMHS Communication Manager

If you and your family are among the many members of the military community who will be PCSing over the next several months, the good news is that TRICARE Prime is portable between regions, regardless whether you relocate to a Prime Service Area within the United States or Europe.

When making a permanent move:

1. Remain enrolled at your current location until you reach your final destination. This will prevent any gap in Prime coverage when you are travelling to the new region.

2. Upon arrival in your new area, visit your local TRICARE Service Center (TSC) or call the TRICARE contractor for the new region to request a Change Form to transfer from the old region. For the telephone number of the local TRICARE contractor, you may call Sierra Military Health Services at 1-888-999-5195 or check our Web site for the Contact Information page (*http://www.sierramilitary.com*).

3. The new contractor will coordinate the enrollment transfer from one region to the other.

4. Your enrollment in the new region is effective on the date that the new contractor receives your completed Change Form. Be aware that since it will take a few days to process the change during the interim, Active Duty Service Members (ADSMs) and Active Duty Family Members (ADFMs) using a network pharmacy may have to pay fees up front and file a claim for reimbursement. You can, however, utilize MTF pharmacies and the National Mail Order Pharmacy Program (NMOP).

If you relocate to an area that does not have TRICARE Prime you can enroll in TRICARE Prime Remote (TPR), which is available for all remotely located ADSMs. When a network Primary Care Manager (PCM) is available in Regions 1, 2, 5 and 11, ADFMs may also take advantage of TPR. For military retirees who may be moving, TPR is not an option (On September 1, TPR will be available in all regions for eligible family members, regardless of network PCM availability).

You must disenroll from Prime within thirty days of your arrival or before leaving your old region by completing a Change Form. Once disenrolled, you are covered under TRICARE Extra if you use TRICARE network providers, or TRICARE Standard. If you do not disenroll, you could be charged Point-of-Service fees.

SMHS stock photo

If you are moving to another geographic area within the same region:

You need to complete a Change Form and select another PCM.

If you are relocating and have Standard: a Change Form is not required; however, your new address needs to be recorded in DEERS.

You may update your address by:

· Visiting the DEERS web site, *www.TRICARE.osd.mil/DEERSAddress*.

· Visiting a local personnel office that has a Uniformed Services I.D. card facility (call ahead for hours of operation and instructions if you are updating a record for someone who is housebound). To locate the nearest I.D. card facility, visit *www.dmdc.osd.mil/rsl/*.

· Calling the Defense Manpower Data Center Support Office (DSO) Telephone Center at 800-538-9552. The best time to call is 9 a.m.–3 p.m. (Pacific Time) Wednesday through Friday to avoid delays.

· Faxing address changes to (831) 655-8317.

· Mailing the change information to DEERS Support Office (DSO), Attn: COA, 400 Gigling Road, Seaside, CA 93955-6771.

TRICARE contracts in each region are a little different from each other, which means that processes and options may be different. If you are moving to the Northeast Region (Region 1), for example:

· Appointments are made by calling customer service (1-888-999-5195, not Health Care Finders).

· More choices of MTFs are available (Region 1 has one of the highest concentrations of military installations in the country).

You are always welcome to call Sierra Military Health Services with any inquiry or visit our Web site for more information.

Spotlight: National Naval Medical Center Bethesda, Maryland

Rear Adm. K. L. Martin, NC
Commander, NNMC

NNMC is undergoing a number of changes this summer: updates to traffic patterns and parking garages, a new Mammography Clinic, and Appointment Call Center, expansions to the Family Health clinic and renovation of the inpatient area of Building 10. Future improvements include new perimeter fences, renovation of main operating and emergency rooms, and the upgrading of labs and buildings 17,18, 21.

Photo by JO3 Rebecca Horton

Lobby of the Flagship of Navy Medicine, National Naval Medical Center.

Photo by JO2 (SW) Tom Keilman

The Neonatal Intensive Care Unit at NNMC treats premature babies and other critically ill infants. Every summer a reunion is held for past patients and staff. It's an event that draws large crowds; including people like Lorie Hueber shown here holding her newborn baby, Grace. Grace was born nearly 4 months ago. Lorie was 28 weeks pregnant and Grace weighed just 2 pounds, 10 ounces.

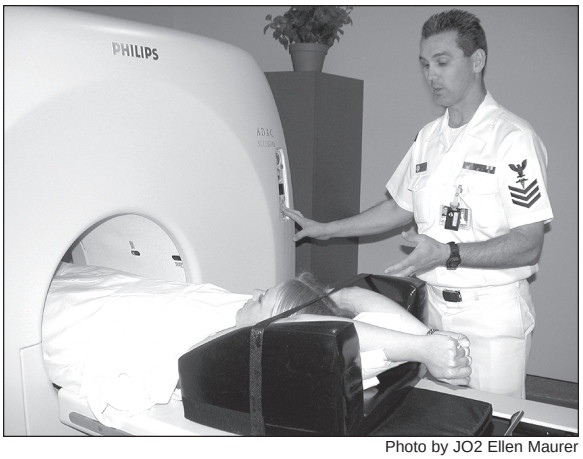

Photo by JO2 Ellen Maurer

HM1 Brian Brown gets patient Jackie Jaspers ready to enter NNMC's new Positron Emission Tomography (PET) scanner which is used to analyze changes in the chemistry of body cells. The images produced show biological causes of normal organ function and failure of organ systems in disease. The PET scanner at NNMC is the first one in the DoD.

More news and information about NNMC is available on pages 6–8.

Orofacial Pain Center opens new doors for patient care

By JO2 Ellen Maurer
National Naval Medical Center

The Naval Postgraduate Dental School's Orofacial Pain Center started treating its first patients in October 2001, and later hosted an official opening with a ribbon cutting ceremony and reception.

Located on the third floor of Bldg. 2 in the National Naval Dental Center on the National Naval Medical Center complex, it marks yet another first for Navy medicine—the only Orofacial Pain Center in the Department of Defense, designed to diagnose and manage orofacial issues which include pain of the mouth, jaw, face, head and neck.

"In the past 10 years, the science of pain has been revolutionized," says Orofacial Pain Center Chairman, Capt. Peter Bertrand, MC, USN. "Pain management has become an integral part of daily health care practice; even the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) now refers to documented pain assessment as 'the fifth vital sign.' "

According to Bertrand, the new Orofacial Pain Center takes the concept of pain management one step further, with specialized orofacial pain practitioners who are dentists trained to use a blend of clinical skills in dentistry, psychology, neurology, anesthesiology, rheumatology, physical therapy, otolaryngology and rehabilitation medicine.

"Orofacial pain bridges the gap between traditional dental and medical practices, allowing orofacial pain practitioners to explore, for the first time, the possibility that orofacial pain may be caused by something other than a dental issue."

Experts now understand that orofacial pain doesn't have to be caused by a tooth or jaw problem; and if no tooth problem is found, the patient's pain is not imagined. In fact, orofacial pain practitioners like Residency Director Capt. John Johnson, MC, USN, emphasize that it's not a psychological problem, but rather a physiological issue.

"Think about what happens to a person's face if he gets hit in the toe with a hammer," explains Johnson. "His facial expression changes; his jaw tightens. It's his toe that hurts but his face is reacting.

"Now, if a person is in chronic pain, his facial muscles are probably being overworked, along with his brain, which can cause all kinds of muscle and nerve pain. So, the original source might have been just the toe, but now there's an orofacial problem, too."

This concept behind the Orofacial Pain Center is radically different from previously accepted viewpoints, adds Bertrand. Tradtionally, most facial pain cases were categorized as temporomandibular disorder (TMD), a condition affecting the muscles you use to chew food, as well as the surrounding mouth tissue. At one time, it was commonly thought that the source of facial pain had to be, of course, within the face. Consequently, all dental pain was handled by treating the teeth or jaw.

Now, however, a growing body of evidence in neuroscience, muscle physiology and cardiovascular literature is prompting those in the medical field to redefine chronic disorders, such as TMD. According to Bertrand, new concepts are expanding the way doctors view orofacial pain, a condition that is now accepted as not simply a dental dilemma, but rather a dysfunction of the nervous system.

Recently published clinical updates from the National Naval Dental Center have cited statistics that support these new orofacial pain theories. According to the literature, more than 81 percent of patients who report TMD symptoms have additional pain sources and diagnoses beyond the facial region. The update also claims that facial pain patients exhibit other common symptoms, like rapid breathing, lowered blood pressure, problems sleeping, greater fatigue, anxiety and depression.

To get to the root of the problem, the original source of pain, initial appointments at the Orofacial Pain Center usually take about two hours, during which time a comprehensive patient history and physical exam are completed. When necessary, facial X-rays are also taken to rule out the possibility of an actual dental issue.

Together, the patient and physician fill out an 11-page packet that details everything from that individual's lifestyle to his family history, which helps determine any underlying health issues that could be contributing to orofacial pain.

The main goal of the Orofacial Pain Center is to come up with a pain management plan for their patients, which doesn't always involve solving all of their bodily ailments but does include ways they can improve their quality of life.

"For some of our patients, there's just no quick fix," admits Johnson. "It's almost like diabetes. There's no cure, but there is medication and a lifestyle that can make the person more functional; more productive."

Appointments at the Orofacial Pain Center are available only through a Primary Care Manager.

NNMC tokens to orbit earth in space shuttle Columbia

By JO3 (SW) Tom Keilman
National Naval Medical Center

NASA astronaut and former National Naval Medical Center pediatrics postgraduate, Cmdr. Laurel Blair Salton Clark, MC, USN, is packing an NNMC medallion and a replica of Rear Adm. Kathleen Martin's Commander Coin in her "seabag for space."

While in orbit Clark plans to conduct research experiments, such as protein crystal growth and gene transformations in plants to gain a better understanding of protein structures. She will also grow bone cells to study the different effects of gravity on osteocytes (bone cells), which will hopefully help to better understand osteoporosis, a disorder that causes bones to lose density.

National Naval Medical Center offers expanded clinic hours

By JO3 Rebecca Horton
NNMC Journal Assistant Editor

National Naval Medical Center has extended hours in more than 25 primary and specialty care clinics two days a week. This change is part of NNMC's overall customer service efforts under Navy Medicine's "Steaming to Assist" theme.

With a plan to offer patients an alternative to the complications of dealing with beltway traffic, absences from work and child care concerns, these clinics will be open for scheduled appointments every Monday and Thursday until 8 p.m.

According to Capt. Dave Ferguson, MC, USN, director of Restorative Care, "The idea behind implementing evening clinic appointments in both primary care and specialty care clinics reflects the command's emphasis on improving access to the state-of-the-art care we offer here at the Flagship of Navy Medicine. This is one additional sign of our commitment to patient care.

"These clinics might be ideal for patients who cannot easily make appointments during the day, whether due to work-related conflicts, child care commitments, or other logistical factors," said Ferguson.

One of the first patients to be able to take advantage of the evening hours was Lisa Thompson. Thompson, whose husband works days at Fort George G. Meade, was unable to schedule an earlier appointment for her son Gareth.

"When they said they had an appointment opening at 5 p.m. I couldn't believe it. It's really convenient," she said.

The full-service extended clinic hours on Monday and Thursday evenings will include support services from Radiology and the Laboratory staying open until 9 p.m. Also, the Pharmacy will now be open until 9:30 p.m. Monday to Friday.

According to Cmdr. Britt Bayles, MSC, USN, associate director of Clinical Support, "It's always great when we can provide patients with one more option that can make scheduling a doctor's appointment fit into their busy schedules.

"Also, the galley will be open until 6:30 p.m. on these days for staff members to pick up a 'grab-n-go' meal if they are going to be working through the dinner hour," said Bayles.

Keeping the clinics open in the evenings requires even more behind-the-scenes support than just the galley. The Child Development Center will be open until 9 p.m. and the Navy Exchange will stay open until 8 p.m. Staff members from around the command are also available to ensure supply and equipment support are readily available to the clinic staff who offer these new appointment times.

If you would like to take advantage of the evening clinic hours call (888) 999-5195) to make an appointment. You may also call the center Mon.–Fri., 6 a.m.–6 p.m. at (866) NAVY-MED or locally (301) 295-NAVY.

Clinics	**Evening Hours (4-8 p.m.)**
Adult	
Behavioral Healthcare	M/Th
Cardiology	M/Th
Dermatology	M/Th
Endocrinology	M/Th
Family Health Center	M/Th
Gastroenterology	Th only
Infectious Disease	M/Th
*Travel Clinic	
Internal Medicine	M/Th
Nephrology	M/Th
Neurology	M/Th
Neurosurgery	M/Th
Obstetrics and Gynecology	M/Th
Oncology/Hematology	M/Th
Ophthalmology (General)	M/Th
Optometry	M/Th
Orthopedics	M/Th
Otolaryngology	T/W/F until 5 p.m. M/Th until 8 p.m.
Pediatrics	M/Th
Physical Therapy	M/Th
Podiatry	M/Th
Pulmonary	M/Th
Rheumatology	Monday
Substance Abuse	W until 6 p.m. M/Th until 8 p.m.
Surgery (General)	M/Th
Urology	Monday

*For patients traveling out of country.

Support Services

Pharmacy	M-F until 9:30 p.m.
Laboratory	M/Th until 9 p.m.
Radiology	M/Th until 9 p.m.
Galley	M/Th 4:30-6:30 p.m.
Child Development Center	M/Th until 9:30 p.m.
Navy Exchange	Th until 8 p.m.

USFHP Anniversary
continued from page 12

what Johns Hopkins has done with this hospital in developing such a vibrant, high quality health care program is amazing,"

The official ceremonies included presentations from the offices of Senators Barbara Mikulski and Paul Sarbanes as well as personal greetings from Congressman Benjamin Cardin and several Johns Hopkins executives.

The ceremony was followed by a full health fair with osteoporosis screenings, blood pressure checks and glucose level tests. US Family Health Plan members and guests were treated to a catered lunch and an afternoon festival that included raffle prizes, free gifts and health literature. As Tom Carrato pointed out, "How many ceremonies can you come to where you can get a piece of cake and your colon examined on the same morning? No one does it better than Hopkins!"

The Department of Defense has contracted with Johns Hopkins to be a TRICARE Prime designated provider, and as such, Johns Hopkins Community Physicians is able to provide the Prime benefit to active duty family members and retirees, both over and under age 65.

Call Center opens at NNMC

By JO3 Rebecca Horton
NNMC Journal Assistant Editor

The National Naval Medical Center has a new appointment Call Center. The call center will book appointments for more than 60 primary and specialty care outpatient clinics throughout the hospital.

"We wanted to be able to enhance access to care and standardize the appointment-making process," said Cmdr. Ann Bobeck, USN, associate director for Managed Care.

Before the opening of the call center, clinics were scheduling their own appointments, and the process was decentralized and fragmented.

Patients can schedule appointments through Sierra Military Health Services or through the call center Monday-Friday, 6 a.m. to 6 p.m.

The center is staffed by 15 trained agents and is expected to grow to 28.

If the call volume is high patients are given the chance after a short waiting period to leave a message and receive a return call later in the day.

The phone number for the call center is (866) NAVY-MED or locally (301) 295-NAVY.

Photo by JO3 Rebecca Horton
Darrell Fletcher serves beneficiaries at newly opened Call Center.

TRICARE Retiree dental program available

The only dental benefits program authorized for Uniformed Services retirees is TRICARE Retiree Dental Program, now in its fourth year. The TRDP, which is administered by Delta Dental Plan of California in partnership with the U.S. Department of Defense, offers affordable dental benefits to retirees of the uniformed services and their family members throughout the 50 United States, the District of Columbia, Canada and the U.S. territories of Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa and the Commonwealth of the Northern Mariana Islands.

More than 600,00 people are currently enrolled in the TRDP, which allows subscribers to obtain covered services from any licensed dentist within the service area and to further limit their out-of-pocket costs when using any one of about 25,000 DeltaSelect USA Network dentists.

In October 2000, the TRDP added coverage for cast crowns, bridges, full and partial dentures, orthodontia and dental accidents to its basic package of preventive and restorative services. These changes make the TRDP one of the most complete and competitively priced dental plans available outside of a traditional employer-sponsored program.

Those interested in more information about the TRDP, including eligibilty and enrollment, may visit the TRDP web site at www.ddpdelta.org or call toll-free (888) 838-8737.

Health Promotion in the region earns Gold Star and Silver Eagle recognition

From compiled reports

Seven military commands and health facilities located in the TRICARE Northeast Region recently received Navy and Marine Corps Command Excellence in Health Promotion Awards. Established in 1995, the award recognizes Navy and Marine Corps commands that have implemented successful population-based health promotion programs.

The award, which is presented by the Navy Environmental Health Center, is given to commands that have met the requirements for a health promotion program on three achievement levels: Gold Star (highest level), Silver Eagle (medium level), and Bronze Anchor (lowest level).

Each level is distinguished by such criteria as resources, staffing, and stage of development of each component of the program.

The following commands and facilities received this year's 2002 command *Excellence in Health Promotion* award: Gold Star recipients are National Naval Medical Center, Bethesda, Md.; Bureau of Medicine and Surgery (BUMED), Bethesda, Md.; Branch Medical Clinic at the Washington Navy Yard; Semper Fit Center, Marine Corps Base, Quantico, Va.; Naval Ambulatory Care Center Newport, R.I.; and Naval Ambulatory Care Center, Groton, Conn. Branch Medical Clinic, Naval Air Station, Brunswick, Maine, received the Silver Eagle award.

Depression demystified

By Capt. Patricia Hasper, MSC, USA
TRICARE NE Lead Agent Office

The most frequent mental health complaint in the U.S. is depression. It is an illness that can dominate the lives of people stricken and the people close to them. It isn't a personal failure and it doesn't mean the person living with it is weak. It is, in fact, a disease of the brain, almost as common as a cold and just as treatable.

There are two categories of depression: major depression and dysthymia. Major depression usually presents itself by intense feelings of sadness, the loss of interest in important activities, an inability to feel pleasure, and a hopelessness that lasts longer than two weeks and disrupts life at a fundamental level.

"Each day is an ordeal. I get up. I go to bed. Hour after hour. Day after day. In between, evidently, something happens. I may or may not remember—or care."

Dysthymia, on the other hand, is a chronic illness that is less severe but lasts more than two years with an average duration of 16 years. It has a more gradual onset than major depression and is accompanied by at least two other depressive symptoms. Many people with dysthymic disorder also experience major depressive episodes.

In the United States as many as one in five people will suffer a significant depressive illness at some point in their lives. During the course of any year, anywhere between 17-19 million Americans will be struck with the "sluggishness of mind, body and spirit" of depression. It is the second leading cost of disability in the United States behind cancer with an estimated cost of $43.7 billion annually.

Among children and teenagers, the rate of depression remains about the same between males and females. Once into adulthood, however, women experience depression twice as often as men, regardless of racial, economic or cultural background.

Depression usually runs in families with the children of a depressed parent at least twice as likely to develop depression as children of parents who have not been afflicted by the illness. Researchers aren't sure why depression strikes some people and not others, but there are countless theories. Most researchers generally believe that depression results from a combination of factors between life events and heredity. A variety of environmental stressors (e.g., the loss of a parent, separation or divorce, abuse) can precede and contribute to a substantial proportion of depressions.

"There is a feeling of not being able to love and of being unworthy of receiving love. Relationships fall apart. When I look at my wife, I don't see any solace and I know it's not her fault…"

In the last few years the belief that a single, defective gene was responsible for depression has been replaced with the understanding that there are probably a number of genes acting together with environmental or developmental factors to account for depression.

Depression can take many forms so diagnosis isn't always straightforward. Some of the signs and symptoms include restlessness, irritability, a lack of interest in activities that used to bring pleasure, feelings of being overwhelmed by tasks that were once easily handled, helplessness, guilt, apathy and emptiness.

"There is a disconnected, lifeless feeling. I'm doing this and that without any particular meaning attached to it. It's as though blinds have been drawn on my gray cells. There are times I can see through the haze and fog and feel like I used to, only to be quickly removed back into the fog."

As the disease progresses concentration can be difficult, short-term memory is undependable and there is a pronounced decrease in activity marked by fatigue and a noticeable lack of productivity.

People with untreated depression are normally withdrawn and quiet although they can be quite argumentative. Feelings that the depressed person knows the truth and everyone else lives in oblivion and ignorance are common and often go hand-in-hand with the belief that he or she has no value to anyone.

People who are depressed can sleep a lot, or very little. A frequent complaint is that sleep is restless and they wake up more tired than when they went to bed. Changes in appetite and sexual interest are also common.

Treatment for depression normally includes a combination of medication and talk therapy. People with depression have a tendency to see the world in a pessimistic manner. They tend to view themselves in a negative light and their future as dismal. Cognitive therapy is a treatment designed to help people learn to identify and monitor negative ways of thinking so they can alter this tendency and think in a more realistic manner.

"I hate being miserable. It's so hard for me to laugh, to put on an act. I want to be myself again, without the act. So I'll get the help I need in order to get to that place."

Eighty percent of depressed patients who are in treatment will recover. Different medications may be required to find the one that provides the most relief. With each type of medication there will probably be a period of sustained use, usually about two weeks to a month, before the medication will begin to take a noticeable effect. It's not uncommon for a person to try several different medications before finding one that results in a noticeable and positive change in mood.

If you suspect that you are suffering from depression or a related problem, be sure to seek the advice of your primary care manager.

Staff writer C. Todd Claus contributed to this report.

Explanation of Benefits form explained

Compiled by Jeanne Rabel, Beneficiary Services Specialist, TRICARE NE Lead Agent office

See page 11

The **Explanation of Benefits** form (shown on the facing page) is not a bill, but a listing of the costs for each procedure performed. It is a detailed statement of the action taken on a claim. Specifically, it lists procedures, the amount billed for the procedures, member co-pays (if any), the amount paid by other insurance, and the total amount paid by the Plan. Read the EOB carefully and save with your important records.

1. Be sure to check the accuracy of the spelling of the sponsor's name and social security number.

2. The *Benefits Were Payable To* field will appear only if your provider accepts the TRICARE Maximum Allowable Charge (TMAC) as payment in full for the services you received. The provider will receive payment directly from TRICARE.

3. The *Provider of Medical Care* section lists your medical care provider, the number of services and their codes, the fee charged for the service(s), the amount approved by TRICARE, and the date you received the care.

4. In the *Claim Summary* field a detailed explanation of the action taken on your claim is provided, as are the following totals: amount billed, amount approved by TRICARE, non-covered amount, amount (if any) that you have already paid to the provider, amount your primary health insurance company has paid (if TRICARE is your secondary insurance), benefits TRICARE has paid to the provider, and benefits paid to the beneficiary. A check number will appear only if a check accompanies the EOB.

5. If you are responsible for a part of the provider's fee the amount will be itemized in the *Beneficiary Liability Summary*. To avoid bad credit, it is very important that you pay these amounts.

6. The *Benefit Period Summary* section shows how much of the individual and family annual deductible and maximum out-of-pocket expense have been met to date. For TRICARE Standard or Extra beneficiaries, TRICARE calculates the annual deductible and maximum out-of-pocket expenses by fiscal year. For TRICARE Prime beneficiaries, the maximum out-of-pocket expenses by enrollment and fiscal year are calculated. See Enrollment Year Beginning date in this section for the first date of the enrollment year. (Note: the Enrollment Year Beginning will appear on the EOB only if you are enrolled in TRICARE Prime.)

7. Explanations of the codes or numbers listed will be in the *Remarks* section.

If you have any questions about your **Explanation of Benefits** form call Palmetto Government Benefit Administrators at the toll-free number (1-800-578-1294). The customer service representatives will be able to help.

TRICARE while traveling

Adapted from TRICARE Help E-mail Service (TRICARE-help@amedd.army.mil)

One of the more common reasons claims are denied is the failure of the beneficiary to properly file the claim in the region the patient lives on the date of the medical service.

For example: if you require medical care while vacationing in eastern Texas you need to make sure the doctor who provided the service(s) mails the claim to Palmetto Government Benefit Administrators in South Carolina (PO Box 7011, Camden, SC 29020-7011), and not to the Wisconsin address used by Region 6 beneficiaries and providers.

Make sure to provide your home address, not the temporary address where you are vacationing, when you give the health care provider your address. An address on the claim that does not match the address in DEERS will cause the claim to be denied. Prime and Prime Remote enrollees should always get prior authorization before seeking medical care while out of the Northeast region.

The only exception to the rule is in an emergency, which a reasonable layperson would believe endangers life, limb, or eyesight. Even in the case of an emergency, the patient or a family member should get authorization for the treatment as soon as reasonably possible.

When calling for authorization from outside your local area, call 1-888-999-5195 in the Northeast or 1-800-931-9501 in the Mid-Atlantic area.

If you need prescription medication while traveling, make sure you bring along enough of the prescription medications to last the entire trip. If a prescription is filled outside of the Northeast region, you may be responsible for the entire cost of the medication. Once you return home reimbursement of the allowable amount minus your co-pay is possible. Be sure to save your receipts.

If your vacation will run longer than your prescription use the National Mail-Order Pharmacy where you can receive up to a 90-day supply.

For more information about NMOP and registration call (800) 903-4680.

PALMETTO GOVERNMENT BENEFITS ADMINISTRATORS
##SUB_ID
##ADDRESS
##CITY, STATE, ZIP

##SPECIALTY_QUALIFIER_IF_APPLICABLE

TRICARE EXPLANATION OF BENEFITS

This is a statement of the action taken on your TRICARE claim.
Keep this notice for your records.

SIERRA MILITARY HEALTH SERVICES, INC.

Date of Notice:		June 20, 2002
Sponsor SSN:	**1**	000-00-0000
Sponsor Name:		XXX XXXX
Beneficiary Name:		XXXX XXXX

Benefits were payable to: **2**

PATIENT, PARENT/GUARDIAN
ADDRESS
CITY, STATE, ZIP

PROVIDER OF MEDICAL CARE
ADDRESS
CITY, STATE, ZIP

Claim Number 919535695-00-00

PROVIDER OF MEDICAL CARE **3**

Services Provide By/ Date of Services		Services Provided		Amount Billed	TRICARE Approved	See Remarks
05/18/2002	1	Office/oupatient visit, est	(99213)	$45.00	$38.92	1
05/18/2002	1	Comprehensive metabolic panel	(88054)	20.00	19.33	1
05/18/2002	1	Automated hemogram	(85025)	12.00	12.00	
Totals				**$77.00**	**$70.25**	

Claim Summary **4** **Beneficiary Liability Summary** **5** **Benefit Period Summary** **6**

Amount Billed:	77.00	Deductible:	0.00
TRICARE Approved:	70.25	Copayment:	0.00
Non-Covered:	6.75	Cost Share:	17.56
Paid by Beneficiary:	0.00		
Other Insurance:	0.00		

Fiscal Year Beginning
October 01, 2001

	Individual	Family
	150.00	150.00
Catastrophic Cap:		856.32

Enrollment Year Beginning:
December 01, 2001

	Individual	Family
POS Deductible:	300.00	600.00
Prime Cap:		856.32

Remarks **7**

1. CHARGES ARE MORE THAN ALLOWABLE AMOUNT

1-800-XXX-XXXX

THIS IS NOT A BILL

If you have questions regarding this notice, please call or write us at the telephone number/address listed above.

TRICARE Northeast

Uniformed Services Family Health Plan:
Celebrating 20 years with Johns Hopkins University

Text and Photos by Mary A. Madden
Marketing Manager, Johns Hopkins Community Physicians

Johns Hopkins Community Physicians marked the 20th Anniversary of the US Family Health Plan for military beneficiaries in fine style on Friday, May 17, 2002. Complete with a colors presentation by the U.S. Marine color guard, patriotic music by the Baltimore Brass Band and greetings from several political and military dignitaries, the grounds of the Wyman Park Medical Center were visited by more than 250 US Family Health Plan members.

Ceremonially cutting the cake are, left to right, Tom Carrato, TMA Executive Director; Bridget Smith, Field Representative for Sen. Paul Sarbanes (D-Md.); Cecelia Hughes, Baltimore City Health Department; Betty Deacon, Projects Director for Senator Barbara Mikulski; Maj. Thomas Engle; Maj. Gen. Timboe; Rep. Ben Cardin; Dr. Barbara Cook, President of JHCP; Ronald Peterson, President of Johns Hopkins Hospital and Health System

Johns Hopkins Community Physicians, a member of Johns Hopkins Medicine, provides health care, both primary and specialty care, for more than 21,500 non-active duty service members and their families at all of their 18 locations around the state.

Left to right, Maj. Gen. Timboe; Dr. Barbara Cook, and Rep. Ben Cardin exchange pleasantries during the festivities

Twenty-one years ago, the federal government attempted to close down the Public Health Hospitals in favor of care at Military Treatment Facilities for eligible beneficiaries.

The Johns Hopkins' Wyman Park Medical Center became a private health center 20 years ago, treating military beneficiaries as well as people in the community. Wyman Park currently treats nearly 3,200 patients covered by the US Family Health Plan and houses the corporate headquarters of the Johns Hopkins Community Physicians.

Ronald R. Peterson, president of Johns Hopkins Hospital and Health System, who has been associated with Wyman Park since 1980, greeted the crowd with a warm welcome, "Today's celebration provides us with an opportunity to honor our Uniformed Services families, to recognize the partnership that Johns Hopkins enjoys with the Department of Defense, and to pause to remember the important role played by a number of elected officials and community leaders for paving the way. Without these efforts in 1981, we would not have had the opportunity to continue this service over the last 20 years," said Peterson.

"This really is an American success story for Johns Hopkins and for military families who may not have as easy access to large military treatment facilities," said Maj. Gen. Harold L. Timboe, then commanding general of the North Atlantic Regional Medical Command, Walter Reed Army Medical Center, and TRICARE Northeast lead Agent.

US Family Health Plan members pick up souvenirs at the gift table.

Timboe then went on to say, "We are also describing a potential health plan model for the nation." He was presented with recognition awards and a retirement gift to commemorate his retirement during the formal ceremonies at the start of the day's festivities.

Tom Carrato, Executive Director of TRICARE Management Activity, told the guests that, "Twenty years ago we were preparing to transition. At the time there was tremendous foresight on the part of our elected representatives as they transferred several Public Health Service Hospitals to community ownership… and

Members of the U.S. Naval Academy Company, Marine Barracks, Washington D.C., color guard present the colors kicking off the anniversary celebration.

See USFHP Anniversary, page 7